



Department of Insurance
State of Arizona
Captive Insurance Division
Telephone: (602) 364-4490
Fax: (602) 364-3989

JANET NAPOLITANO
Governor

2910 North 44th Street, Suite 210
Phoenix, Arizona 85018-7256
www.id.state.az.us

CHRISTINA URIAS
Director of Insurance

Confirmation Form

Your completion of the following report will be sincerely appreciated. IF THE ANSWER TO ANY ITEM IS "NONE," PLEASE SO STATE. Kindly return it in the enclosed, stamped, addressed envelope.

_____	_____
(Bank)	(Company Name)
_____	_____
(Street Address)	(Account Name Per Bank Records)
_____	_____
(City, State, Zip)	(Authorized Signature)(Date)

Note: If the space provided is inadequate, please enter totals hereon and attach a statement giving full details as called for by the columnar headings below.

1. At the close of business on _____, our records showed that the following cash and security balance(s) to the credit of the above named customer.

(To be completed by ISSUING Institution only)

2. Trust or Custodial Account		Per Attached Trust or Custodial Account Statement	Any loans, liens or other hypothecations against this account?	Remarks
Cash Balance	Account Number			
\$	#			
Securities Balance	Account Number			
	#			

3. Checking or Other Account		Subject to withdrawal by check?	Interest Rate	Any loans, liens or other hypothecations against this account?	Remarks
Cash Balance	Account Number				

4. Please list the names of individuals that are signers on the above account(s) and if there is more than ONE signature required.

5. I certify that the above answers are correct and complete to the best of my knowledge.

_____	_____
(Date)	(Issuing Institution)
_____	_____
(Telephone Number)	(Authorized Signature)

RETURN TO CAPTIVE INSURANCE DIVISION